FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED -

2012 OCT -9 AM H: 48

| | | ORGANIZATION | | | | | - min 191 40 | |
|-------------------------------|--------------|--|-------|---|-------------------|-----------------|----------------------------|--|
| FORM 1 | OHGANIZATION | | | | | FEC MAIL CENTER | | |
| 1. NAME OF COMMITTEE (in | n full) | (Check if name is changed) | | ple:If typing, type he lines. | 12FE4 | M5 | | |
| UNITED S | TATE | S SENATE CA | AMPA | IGN FUN | D FOR I | OUIS | IĄŅĄ | |
| | | | | | | | | |
| ADDRESS (number a | nd street) | PO BOX 681 | 337 | | | | | |
| (Check if address is changed) | | MIAMI | 1 1 1 | | FL | 3316 | 38]-[| |
| | | | CITY | | STATE | : | ZIP CODE | |
| COMMITTEE'S E-MA | | ss (Please provide only one USsenateCa | | • | .Cs@gr | րail,coı | m | |
| is changed) | | | | | <u></u> | 1-1-1-1 | | |
| COMMITTEE'S WEE | PAGE AD | DRESS (URL) | | | | | | |
| (Check if is change | | | | | | | | |
| 2. DATE ÏC | • | " ' Ž0 1Ž | | | | | | |
| 4. IS THIS STATE | MENT 🔀 | NEW (N) OR | | AMENDED (A) | | | | |
| I certify that I have | | statement and to the bear STANLEY (| | _ | f it is true, con | rect and com | plete. | |
| Signature of Treasure | er | Stanley Gar | tes_ | | Date 1 | 0 ⁵′ 0₄ | ⁴°′ 20'12 ` | |
| NOTE: Submission of | false, erron | eous, or incompleted information | | • | - | • | ties of 2 U.S.C. §437g | |
| Office Use Only | | | | For further Information Federal Election Commi foll Free 800-424-9530 | | | C FORM 1 vised 02/2009) | |